<u>SELF-CERTIFICATION FOR COMPLIANCE WITH</u>

KRS 164.772 Default in repayment obligation under financial assistance program – Professional licensing and certification – Notification.

This form must be completed (signed and dated) by <u>all</u> persons interested in this application, including, but not limited to, officers, partners, and managing members.

If this involves more than one person, make copies in order that each such interested person completes this form.

<u>Certification of Repayment of Educational Financial Assistance</u>

I,	, am an applicant
Kentucky Office of Alcoholic Beve not in default of a repayment oblig	or alcoholic beverages issued by the trage Control. I hereby certify that I am ation, such as a student loan repayment,
Education Assistance Authority (K	dministered by the Kentucky Higher HEAA).
Signature of applicant	

RETURN THIS COMPLETED FORM TO STATE ABC ALONG WITH YOUR APPLICATION